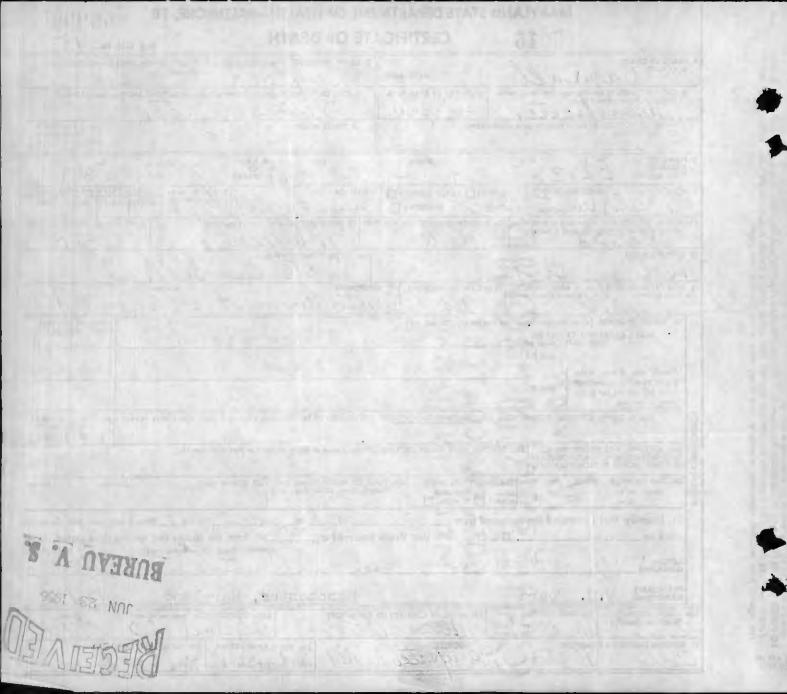
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

6917

FOR MEDICAL EXAMINERS

Reg. Dist. No. 75

1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY for	k
CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR give nearest town)  TOWN (In this place)	CITY (If outside corporate limits, write RURA), and give nearest OR TOWN address so Linelines.	Md (was
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	a.
3. NAME OF PECEASED (First) (Middle) (Type or Print) PAWI John B	Aughnan DEATH (Month) (Day)	(Year) 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		under 24 hrs. lours Min.
done during most of working life, even if retired) INDUSTRY Harmer	d. BIRTHPLACE (State or foreign country)  12. CITIZEN COUNTRY COUNTRY	OF WHAT
anyhen Buylina	James Roser	
15. WAS DECESED EVER IN U.S. ARMED FORCEN? (6. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes kive war or dates of 7.	This paul Bauglines	
IB. MEDICAL CE	INTERVA	L BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
Immediate cause (a) Commany	Monton 13.	MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	noter Heart Busease 50	ins.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but nnt related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
At The Book of the	Yes [	No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.		(AIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while INJURY m, work At work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident , suicide , homicide , sIGNATURE, (Degree or title)	eased died on the day stated above, and death in my opinion undetermined [].	evidence resulted
W. H. Hoard M.D.	Manchester ud 6/1	5/56
23. BURIAL (REMATION DATE THEREOF NAME HE CEMETE CHEMOVAL (Specify) 6/19/56 Stone	Chuck Good Godes RD york	(State)
AND REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR Son Stewhorth	2
	10 h 11	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
19 G G		6719 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog, Dist. No.
please should cremat		1. PLACE OF DEATH o. COUNTY (ARROLL MARYLAND) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY CARROLL
STORY OF STORY		b. CITY OR TOWN (If outside corporate limits, write BURAL on give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
T. to b	VX.	UNION BRIDGE YEARS UNION BRIDGE  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address)  d. STREET ADDRESS  e. IS. RESIDEN
iles.	00	BROAD WAY PES NO
nerol your fi gistrar		3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  4. DATE Month Day Year OF DEATH JUNE 2/ 195
For for he re	1)	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE III yours IFUNDER 1YEAR IF UNDER 24 H
等品等		1 // WIDOWED DIVORCED OC/7-1880 75 yrs.
ond 3 ond 3 or rato	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  MEAT CUTTER  STORE  MRRYLAND  12. CITIZEN OF WHAT COUNT
10 y 10 1		13. FATHER'S NAME
hou ges a 5 n		JACOB BROWN REBECCA BOWMAN
hin 24 ive Pa Page File p	0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO If yes, give wor or defee of service) 212-03-1821 CORA G BROWN UNION BRIDGE
PAA3.		18. CAUSE OF DEATH [Enter only one cause per line for/(a), (b), and (c).]
ara la		immediate cause (o) It angues by the Meet muiles
in the		Conditions, If any, which) [6]
and be		gove rise to immediate couse (a), stating the underlying OUE TO
shau e ale a bu		couse lost. (c)
ding" s Office	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
his ner d 'pen aminer' ld be c		200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING II CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  Wagel self week rope around his new.
War War Shau		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, Gram, 120f. (City or town) (Caunty) (State
MINI g the edice		work   10 b of work   of work   Home   mon prinze from
X in X of		21. I certify that I tack charge of the remains described above, held an Autapsy   , Inspection   , Inquiry   , and find the death resulted from: Natural causes   , Accident   , Suicide   , Homicide   , Undetermined cause   .
Z 4 00		
MED Tiffica To the	2	ACTUAL SIGNASURE CHIEF MEDICAL EXAMINER (
he sind		EXAMINER'S TAMES T MARSH DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY
cute the farward TO FUNER		220. BURNAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
		23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55	08	DD Hartzler Thous Union Bridge DATE 6/22/56 Geslig 2. 1 elafe
	1/4	

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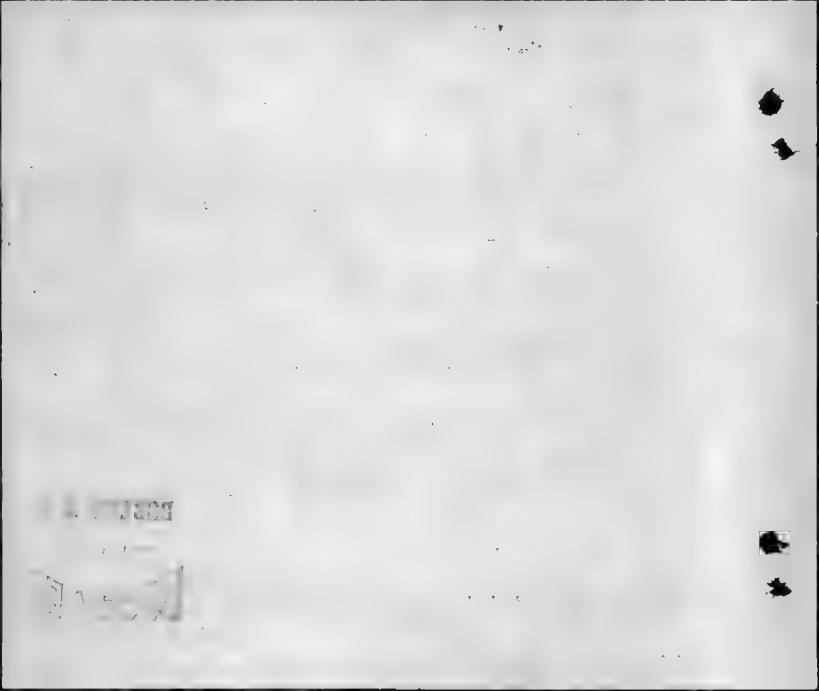
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7		:	tems: 3-8-9-13-14 69; Film G198-6/8/56 dmr	21 CERTIFICA	ATE OF DEATH	1—BALIIMORE, I	Reg. Dist. No.
1 4		1	LACE OF DEATH		A HELIAL AFRICANCE CO.		
direct filed v	17	Ľ	Carroll	MARYLAND	o. STATE Maryla	h COUNTY	on: Residence before admission)
1000	"/		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			outside corporate limits, write R	URAL and give nearest town)
	1		ural - Sykesville	since 3-9-40	Baltimore (	City	
she she	7.00	Г	NAME OF HOSPITAL (If not in hospital, give stre	· ·	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2 × 0	, ,	L	Springfield S		1926 Gough	Street	YES NO I
		3	AME OF First		Zinski lost	4. DATE Mon	
fille ges		<u> </u>	(ype or print) Stephen	4.8	<i> }</i>	DEATH June	4th 19 56
	(-)	5. :		100	B. DATE OF BIRTH3, 19	9. AGE (In years lost by hidoy)	Months Doys Hours Min.
plet so					April 3//1907	ch / SAL yrs.	- 16
		110a	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
2 P C C			WAL	- UMR	Poland		Citizenship unk
	5		ATHER'S NAME		14. MOTHER'S MAIDEN N		
zicji ye	3		alter Brezezinski/ Brze		Ya7e411a/31	enryteka Wale	ria Biedrzycka
certificate g physicio remave co	2	(141	VAS DECEASED EVER IN U. S. ARMED FORCES? 170 or unknown)   I'll yes, give wor or dates of service)		FORMANT		Sykesville, Md.
5 5 6 6 7 5 6 6 7 5 6 6 7 5 6			0		ecords of Spr	ingfield State	<u>Hospital</u>
deo plec iti			18. CAUSE OF DEATH {Enter only one couse per PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
5 0 E			IMMEDIATE CAUSE (6) Us	<u>oronary occlusio</u>	n		minutes
			4du, Due to				
is gigg	ì	1	gove rise to immediate	<u>eneralized arter</u>	riosclerosis .		16 yrs.
guir Sign	=		couse (a), stating the under-	_			
Sen	5	Įź	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART I(g) 19, WAS AUTOPSY
Physical physical properties of the log of t	i r	3	Schizophrenic reaction	, paranoid type	of long star	nding	PERFORMED? YES NO
: : : : : : : : : : : : : : : : : : :		RTIFS	200. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in I	Port I or Part II of item 18.}	
the tree	5	Ü	IF EITHER NOTIFY MEDICAL EXAMINER		4		
r of cert cert		MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d White	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form fory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
프라 프로 등 등	Ē	MEG	p. m. 19 of w	le Not while too		1	
S P S P S P S P S P S P S P S P S P S P	j }		21. I certify that I ottended the dece	osed from Sept. I	, 19/17 , to Ju	ine li 1956	that I last saw the deceased
Z Y Z Z Z							and on the date stated above.
20 20	2		A			ADDRESS (Street, city or lown,	
S S S S S S S S S S S S S S S S S S S	1		SIGNATURE MARY	- colle	A.D. <u>Sykesyill</u>	e, Maryland	6/11/56
hould by	5		PHYSICIAN'S Martin Gross. M	4. D.	Springfiel	d State Hospit	al al
SEE SE	79	220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (CONTROPIC)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			REMOVAL (Specify) Burial 6/7/56	Sacred Heart	of Marv	Baltimore.	Maryland
5 5 4-			UNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I		STRAR'S SIGNATURE
VS A15 (4) 15M 9/55	434	y	F. SADOWSKI & SONS 180	8 ZASTERN AVENU	E DATE &	15/56 03	pary weer
	,		100 Walle 10 1	Jelonte			

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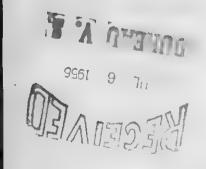
			ND STATE DEPARTM		· · · · · · · · · · · · · · · · · · ·	8 (16005)
		Item 1 • 592	PilmGlCERTIFIC	ATÉ OF DEATH	ł	Reg. Dist. No. 74
1 67	1	PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (Who a. STATE Mary.	ere deceased lived. If institution b. COUNTY	n Residence before admission)
Χ.	7	b. CITY OR TOWN (If autside corporate limits, v RURAL and give nearest town) Henryton	c. LENGTH OF STAY IN 16		utside corporate limits, write RU LMOTE	RAL and give nearest town)
03		d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Henryton Sta	street address}	d. STREET ADDRESS	N. Pine Street	6. IS RESIDENCE ON A FARM? YES NO T
	3.	NAME OF First DECEASED (Type or print) NOTMAT	Middle	Campbell	4. DATE Mante OF DEATH	Day Year 15 1956
	5.	2102		8. DATE OF BIRTH	-	IF UNDER TYEAR IF UNDER 24 H
			DOWED DIVORCED	April 12, 189	98 last birthday) 58 yrs.	Months Days Hours Min.
w ).	10	s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	B. & O. Railroa			U. S. A.
J	13	FATHER'S NAME		14. MOTHER'S MAIDEN N		
		Harvey Campbell		Estelle S	tokes	
alts.		WAS DECEASED EVER IN U. S. ARMED FORCES	4	NFORMANT	Addre	
		No	T	elzie Norman	- 224 N. Pine S	Street, Balto.,
	Г	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardial infar	ction		
		OUE TO				
	ı	gave rise to immediate	Far advanced bil	ateral cavita	ry pulmonary Th	
	1	catse (a), stating the under-				
	CATION	PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPO PERFORMED? YES NO
	CERTIFIC	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in l	Part & or Part    of item 16.)	
	MEDICAL	Haur a.m.	20d. INJURY OCCURRED While Not while to at wark to at wark	ACE OF INJURY IHome, farm ctary, street, affice bldg., etc	. 20f. (City or town)	(Caunty) (Sta
		21. I certify that I attended the de	eceased fram 11-30-	, 19 56 , to	6-15- 1956	that I last saw the dece
	1	alive an June 15,		occurred at		nd on the date stated ab
1		ACTUAL T.F. P. SIGNATURE	el.	M.D. Henry	ton, Maryland	6-15-
		PHYSICIAN'S Tom F. Vestal	M. D., Supt.	Henryton S	tate Hospital,	Henryton, Md.
	22	o. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) 6-18-3	6 MT HUS	un Cemelor	22d. LOCATION (City, Jown, or	Mod.
×34	23	FUNERAL DIRECTOR'S SIGNATURE	Lad Allering	11'01 1		TRAR'S SIGNATURE
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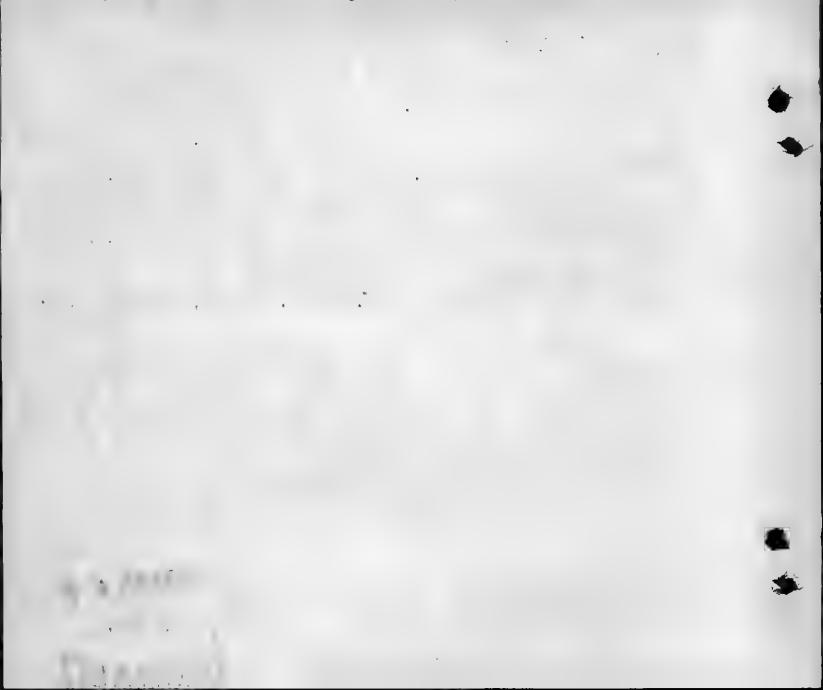
1						TATE DEPART					18 ()	600	7
9 g e		1		MI 6024	EDICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	No.	7/
oulo mat	("	7.	LACE OF DEATH	0763				2. USUAL RESIDENCE	[Where deced	sed lived. If institu	tion: Residence	before adn	nission)
10 mm 20 mm		ľ	i. COUNTY Car	roll		MARYL	AND	o. STATE Mary	vland	b. COUNT	Carro	11	
-2		b	. CITY OR TOWN	Ilf autside corporate limits, wri	I RURAL	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN	(If outside cor	porole limits, write			wn}
2			Union	i .		life		Unio	ontown			B.	
is necession.	,	C	, NAME OF HOSPI	ITAL OR INSTITUTION	(If not in hos	pital, give street address)		d. STREET ADDRESS				ON	RESIDENCE A FARM?
all in the second		3.	NAME OF	Fi	ret	Middle		Lost	4. DATE	Month	1	Day	Year
you you			Type or print)	NILLIA	ΛΛ	FZRA		CAYLOR	DEATH	June	2	10	19 56
音音を		<b>5</b> . S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B.	DATE OF BIRTH		9. AGE  In years   lost bethday	IFUNDER TY	AR IF UN	DER 24 HRS.
+ 0 + + + + + + + + + + + + + + + + + +			Male	White	WIDOWED	DIVORCED [	ı J	an.14,1888		68 yrs.	Months Do	ys Hours	Min.
3 to stoil	1	10o	USUAL OCCUPAT	ION Give kind of work	done 10b. K	IND OF BUSINESS OR IN			te or foreign	country)	12. CITIZEI	N OF WHAT	COUNTRY?
filer ond be n		ľ	Carpente	ting life, even if retired) ET	But	ilding		Maryland	ž.		U.S.	A.	
urs off 1, 2, may b ss 1 or		13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
25 L 20 L		-		Ezra C. Cay	lor			Elizabeth	n Rodke	v			
24 had Pages age 5 le Page			WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
Give 3. P.	l.		No	fit last five mot on open or		13-01-9319	Mr	s. Carrie C	laylor.	Unionto	en. Har	vland	
M3.				ATH [Enter only one co	use per line !	or (o), (b), and (c), ]						INTERVAL BETWO	EEN
Sed P.S.			PART I. DE	ATH WAS CAUSED BY:	G	LNSHOT	. 1	VOUND	HEA	מ ו		MIN	
for for sit a			7160	DUE TO						<i>y</i>			
e es in l with tran			Conditions, if		1								
d b ncif ng			gave rise to imme	ediote couse	-								
Po P			(o), stating the couse last.	augasthing)	)					<u> </u>			
Fice single so		동	PART II. OT	THER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	o) 19. WAS	AUTOPSY
E O B	0	ICATION										YES [	ORMED?
pend ner's		U.	200. EXTERNAL CA	AUSE WAS	Ob. DESCRIBE	HOW INJURY OCCURRE	D. (Er	ler nature of injury in Po	ort I or Port II	of item 18.)			
d Pilling		CERT	PRIMARY OF CO	1.	Sun	chit wa	w	L					
Wor Ex		MEDICAL	20c. TIME OF INJU				PLAC	E OF INJURY (Home, for ry, street, office bldg., et	rm, 20f. (Cit	y or town)	(County	1)	(State)
the second		MED	Hour o. m.		While of wo		1	OME	"! llu	untow	w Ca	me	The
EXAM Friting F Med			21. I certify !	that I took charge	of the r	emains described	abov	e, held an Autop	sy , I	nspection K.	Inquiry	X, and	find that
X			death resulted	d from: Natural	causes	, Accident ,	Suic	ide 🔀 Homicio		ndetermined o	_	, ,	
<b>3</b>	'	1	- //	i h	//	1 .	1	<i>j</i>			_		
AFD Figoration of the Control of the			ACTUAL SIGNATURE	ines I	7	narch		M.D. CHIEF MEDICAL	EXAMINER [	)		DAYS	Q3
	٠,							ASSISTANT MEDI	ICAL EXAMIN	ER 🔲	/	1/2.	1-1
P T S P			EXAMINER'S NAME (Type)					DEPUTY MEDICA	L EXAMINER	X	7	0/30	126
Coute the forward Structure FUNERA		220	BURIAL CREMATI		30	22c. NAME OF CEMETER	YOR	CREMATORY	22d. LOC/	TION (City, town,	or county)	(Sto	te)
5 3 5 5 2			REMOVAL (Specify Burial		956	Church of G	hor	Cemetery			rvland		
		23.	FUNERAL DIRECTO			ADDRESS			C'D BY REGIS		STRAR'S SIGN	ATURE	00
VS. A15ME(5) 5M 9/5S	n six	1	norwan	V Colul	Taney	town, Maryl	and	DATE	1/3/5	ma	maret	150	nglar



		ME 601	DICA	L EXAMINER	'S CERTI	FICAT	E OF	DEATH	Reg. Dist.	110(1)	(1)
1.	PLACE OF DEATH o. COUNTY	Carroll		MARYLAN	O STATE	Mary		ed lived. If institu b. COUNT	tion: Residence Carrol		φn)
	b. CITY OR TOWN (If	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY OF	R TOWN (If o	outside corp	parote limits, write			1)
_	rural-We	stminste:	r	8 mo.	rur	al- W	estm	inster			
	d. NAME OF HOSPITA	AL OR INSTITUTION (I	If not in hosp	oital, give street address)	d. STREET					e. IS RES	FARM?
-					Sal	em Bo	ttom	Rd.		YES 🗌	иот
3.	NAME OF DECEASED (Type or print)	FREDER		Middle L •	CURFMAN	4	OF DEATH	June	21,	Yea Yea	56
5.	SEX	6. COLOR OR RACE	7. MARRIE	D 🔼 NEVER MARRIED 🗌	8. DATE OF BIRTI	Н		9. AGE (In years lost birthday)	IFUNDER TYPE		
	male	white	WIDOWED	10 -	4-29-			77 yrs.	Months Day	rs Hours A	Min.
100	b. USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State a	ır fareign ç	ountry)		OF WHAT CO	SYRTHUC
_	farmer 1	retired	fa	rming	M	aryla	nd		U.	S.	
13	FATHER'S NAME	TT	Channel		14. MOTHER'S	MAIDEN NA					
L		Henry	Curi			aura	Kel	ler			
	. WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give war or dates of t			INFORMANT			Address			
	no		n	one M	rs. Mar	у V.	Curf	man, We	stmins	ster,M	D •
		TH [Enter only one cau	se per line f	or (o), (b), and (c).]	. 6	- 1			1	NITERVAL BETWEEN DNSET AND DEATH	
	PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		ORONA	RY U	ccli	4511	ON		Newte	4
	4- 11	DUE TO			$\sim$ .						
	Conditions, if or gove rise to immed		U	rleva Se	leroses	D .				worl	, das
	(a), stating the s										/
	couse lost.	) (c).	DITIONIS CO	NEGOTIE NO TO SCHOOL SU	LA LOT BELLITED TO	7115 7501111	DIFFACE	COMMITTEE			
CATION				NTRIBUTING TO DEATH BUT					EN IN PAKI 1(	PERFORA	NO Z
CERTIFI	PRIMARY OF CONCAUSE OF DEATH.	ISE WAS NTRIBUTING	b DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of in	vjury in Port I	or Port II o	of item 18.)			
₹	20c. TIME OF INJUI	Y Month, Day, Yea			LACE OF INJURY (	Home, form,	20f. (City	or fown)	(County		(Stote)
MEDI	Hour o.m.	19	White of wor	1401 411110	, 211001, 01110	, and gri area.					
	21. I certify th	at I took charge	of the re	emoins described of	ove, held on	Autopsy	, In	spection X.	Inquiry	, and fir	nd that
	death resulted	from: Natural	couses X	, Accident , S	uicide 🔲, 🕒	lomicide	, Un	determined c		_	
	ACTUAL SIGNATURE S	eurs )	M	arch	M.D.	VEDICAL EXA			, /	DATE SIG	NED
	EXAMINER'S NAME (Type)	IAMES	7.	MARSH		MEDICAL EX			6/	21/5	6
220	REMOYAL (Specify)	N, 226. DATE THEREO		22c. NAME OF CEMETERY C	CREWATORY			ION (City, town, o	• • •	(State)	,
	BURIAL	6-24-1	956	Linganor	е			nville,	Md.		
23.	FUNERAL DIRECTOR	S SIGNATURE	Winf	ADDRESS Cield, Mary	land	24g. REC'D		.5 1/	TRAR'S SIGNA	TURE A.	1/4
	7 1					DUIP (2)	//~	4//	v vu	VIV	ma

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
le.	5027 CERTIFIC	CATE OF DEATH (160)12  Reg. Dist. No. 77
S S S S S S S S S S S S S S S S S S S	I. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b. COUNTY Carroll
X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville  12 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville
2 should	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  West Friendship Road  Color Residence ON A FARM? YES NO
ges 1 and	3. NAME OF First Middle DECEASED (Type or print)	DAY 4. DATE Month Day Year OF DEATH 6 19 1956
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED  DIVORCED	
d completely papers. Paleath.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
P P P	Car Inspector Railroad	14. MOTHER'S MAIDEN NAME
physicion move cor hours off	Robert O. Day  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (15 yes, give vor or dotes of service)	INFORMANT Address Baltimore 9
nding sose re hin 72	No 705-05-8968  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Mrs. Dora M. Lugenbeel 130h Appleby Avenue
hen pleas	PART I. DEATH WAS CAUSED BY. COFORARY Th	romBosis, Arterioscleritic ONSET AND DEATH
any eve	Conditions, if any, which ) (b) HEALT DISEASE	Congestive failure, Dec 30
and in	couse (o), stating the <u>under-lying cause lost.</u> DUE TO  Lying cause lost.	June 3 6
has beer rial-tra	[5]	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED? YES NO
ificate the bu	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
his cert use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thour o. jr. While of work at work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)
After t hed far rial, cr	21. I certify that nattended the deceased fram. ALC S	S , 19 , ta Simil , 1936, that I last saw the deceased
of de Suid	1 - 2 1 E 21 210	th occurred at
avid by	PHYSICIAN'S HOWARD E HAII-M	M.D. Mariae / Jan. 11 free
UNERA ge 3 sh regist	270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 g =	Burial June 22, 1956 Druid Ridg 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A15 (4) N 9/55	Burgea Funeral Home 3631 Falls Roa	d DATE 6-22-56 ( Harry Wees)

11/2 1/1/2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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06014 5029 **CERTIFICATE OF DEATH** Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES A NO NAME OF First Middle DATE tost Doy Month Year DECEASED (Type or print) DEATH DORF 19 5 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED WIDOWED IT yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

PLT - LAPINESI - CENTRE -12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME move WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Ď 18. CAUSE OF DEATH [Enter only one cause per line for (o), [ INTERVAL BETWEEN ONSE LAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ( **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🏞 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port il of ilem 18.) 20c, TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. n. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I offended the deceased from 22 Sphat I last saw the deceased alive on. M, from the causes and an the date stated above. ADDRESS (Street, citton town) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

be retained by the hospital

The bottom copy m

## CERTIFICATE OF DEATH

6930

Reg. Dist. No. 12

_	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY CARROLL MARYLAND	STATERYLAND COUNTY Carriel
- 1	CITY (If outside corporate lymits, write RURAL LENGTH OF STAY	CITY (If outside corporete fimits, write RURAL and give neerest town)
	OR end give neerest town   / (In this place)   / (In this place)	POWNION BRIDGE
1	HOSPITAL OR	STREET (If rure) give location)
П	INSTITUTION OR NUMBER AND HAME	ADDRESS
Н	WESTINES NUCSING HOME	BROAD WAY
-1	3. NAME OF (First) (Middle)	(Lest) ,   4. DATE (Month) (Day) (Yeet)
П	DECEASED ATA	VII DICC OF 1
_	(Type or Print) ADA DE	V128155   DEATH 6 17 1956
П	5. SEX   6. COLOR OR   7. SINGLE MARRIED,   8. DATE OF	8IRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	F RACE WIDOWED, DIVORCED, 179	waley - 1892 6 3 yrs. Months Deys Hours Min.
ı	10e. USUAL OCCUPATION [Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
-1	done during most of working life, even if OR INDUSTRY	COUNTRY
	HOTSEKEFPER HT HOME	MARYILMA
-1	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
-1	D= 40= 1 0 4=	
-1	KEUBEN DEVIL BISS	1 SUSIE RIRELY
	150 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
N	(Yes, hip, or unk.) (If Yes, give war or detes of service)	101
	IVO NO LONE	L. C. DEVILRISS DAINN BRIDGE
	16. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420. IMMEDIATE CAUSE (A) Coronery Thron	notiones, Chridiae failures
		/// / / / /
	ANTECEDENT CAUSE(S) DUE TO	1. mali V
1	DISEASES OR CONDITIONS, IF ANY, (B) CONCLESS CULLS	, zameane prunuena.
-1	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
-1	. (C)	
-	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
ı	DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	OR CONTRIBUTING  CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stole)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. (NJURY OCCURRED   2	THE HOLD BY WHITE OCCUPY
	While Not white	II. HOW DID INJURY OCCUR?
	M. et work et work	<u></u>
	22. I hereby certify that I ettended the deceased from	19.50, to 19.56, that I last saw the deceased
7		
71	alive on	Yand M, from the causes end on the date stated above.
٤	SIGNATURE // // / CO/	APDRESS (Street, city, town, stets) DATE SIGNED
2	Howard 6. Hall m.o.	delhinially had 12 June 5h
<u>:</u>	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, lown, or county)
Ų	REMOVAL (SPECIFY)	TURA
7	BURILL 6/19/36 WINTED	S CEM, NEWWINDSOR MA
0	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1	6 10 10 10 10 10 10 10 10 10 10 10 10 10	10001 +P = 1 11 · 18
	DATE 6-21-56 Cana Sewett &	N HIMLE Hous Milon Michae I'm

T A ATTITUTE



/1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06017
S = (		6931 CERTIFICATE OF DEATH Reg. Dist. No. 80
director	M )	1. PLACE OF DEATH D. COUNTY  CARROLL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) D. COUNTY  CARROLL  MARYLAND  D. COUNTY  CARROLL
oe J		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
900	^	LINWOOD  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE
and 2 sh	4	OR INSTITUTION  ON A FARM?  YES NO
, P.		3. NAME OF DECEASED (Type or print) CHRISTOPHER C DICKERSON DEATH JUNE 20 1956
letely fille s. Pages		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF 8IRTH  WIDOWED DIVORCED 1/2/26/1872  9. AGE (In years last dirithday)
campletel papers. F	,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign caunity)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if retirized
ian and carbon parter dec		FARMER - CARPENTER OWN RUSINESS VIRGINIA USA
o de constante de	$\mathbf{I}$	ARCHIE DICKERSON MARTIN
physician smave car haws aft		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
ending	1	NO 215-18-1147 MARY M DICKERSON LINWOOD ME
attendii n please		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  2414
The The		1777 DUE TO
ed by rmit.		Canditions, if any, which (b) (b)
sign sit pe		cause (a), stating the under   DUE TO     lying cause last.   (c)
physicic as been ial-trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO Y
ending phi ficate has the burial		
his certi		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork of two work
ospite fter t d for		21. I certify that 1 attended the deceased from the deceased from the deceased
he h		alive on figure 1956 and that death occurred at biffix M, from the causes and an the date stated above.
ned by SIRECT	1	ACTUAL SIGNATURE QUIES J. Marca M.D. Westerwicker Mr Coffee
JNER JNER je 3 should registror		PHYSICIAN: JAMES T MARSH
may be Dage 3 page 3 the real	9	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
TO FU		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE
VS A15 (4) 15M 9/55	LIPA	DO Hartiler & Sous Union Bridge Md DATEFine 25/4 Erscu Benedict
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	MARYLAND STATE DEP.	ARTMENT OF	HEALTH-BAL	TIMORE, 1	B ()6(	118
	6932 CERT	IFICATE OF	DEATH		Reg. Dist. No.	74
	1. PLACE OF DEATH o. COUNTY Carroll MA	II o. STATE	esidence (Where decease	d lived If institution b. COUNTY	Residence before ad	nission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		R TOWN (If outside corpo	prote limits, write RU		own)
ノ゛	Sykesville since 10-1 d. NAME OF HOSPITAL (If not in hospital, give street oddress)		ttinger ADDRESS			RESIDENCE
,	OR INSTITUTION Springfield State Hospital	d. SIREE	L WADKE22		0	N A FARM?
	3 NAME OF First Midd	le	Lost 4. DATE	Montl	h Day	Yeor
	(Type or print) Harriett Virgin		ich OF DEATH	6_	16	1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED B. DATE OF B	RTH	P. AGE (In years lost birthday)	Months Doys Ho	T .
	F WIDOWED DIVOR	U=27=		75 yrs. i	Months Doys Ho	urs Min,
- /	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRT	HPLACE (State or foreign o	country)	12. CITIZEN OF WI	IAT COUNTRY
-	housewife	ce	Maryland		USA.	
1 }	13. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME			
	John C. Beachy		Sara Bowser			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT		Add		
	(Yes, ga, or veknoth) (If yes, give wor or dates of service) Unch	Hosp.Reco	rds & son We	bster Die	trich, Rich	ieville
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (-	3.1			LINTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY: Bronchor	neumonia			ONSET A	ND DEATH
	IMMEDIATE CAUSE (o)  DUE TO				2 Ua	y S
	DOL 10					
	Conditions, if any, which (b)					
	coese (o), stoting the under-					
	tying couse lost. (c)					10.11/200011
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E CONDITION GIVE	N IN PART I(o) IV. YV.	REORMED?
	Manic depress.psychos.manic phase	with senil	e changes		YES	□ NO 🛂
	Manic depress.psychos.manic phase  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter notur	e of injury in Part t ar Por	t II of item 18.)		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJUR	Y (Home, form, 20f. (City	r or town)	(County)	(Stote)
	Hour o. m. While Not while p. m. 19 of work of work	factory, street, of	fice bldg., efc.)			
		76 105	6_, to_6=16=	1056	About I look once to	
	alive an 0-10- 19.56, and the	or dearn accurred	at7:50 P.M. from	n the causes ar treet, city or lown, s		ated above DATE SIGNE
1	SIGNATURE Zdu und Susth	rus a			•	
1	SIGNATURE	M.o. Spr	ingield St.H	ospital		6-17-56
	PHINCHARY					
	NAME (Type) Edmund Lusthaus		osvillo, Md.			
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	METERY OR GREMATOR	22d. LOGA	TION (City, fown, or	county	șiote)
	Bureal 6/20/30 Sta	noung	1900	acoung,	YNA.	
	23. FUNERAL DIRECTOR'S SIGNATURE	mill	24a. REC'D BY REGIS	TRAR 246/REGIST	TRAR'S SIGNATURE	Ju
	J. J. William - Milosewing)	114!	DATE Of 18/	10 C. E	Willey C	

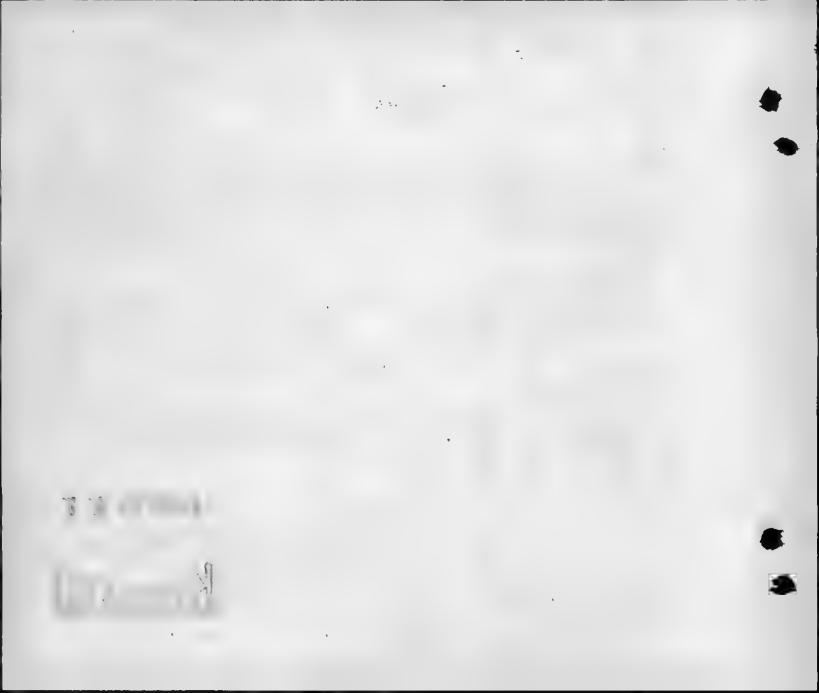
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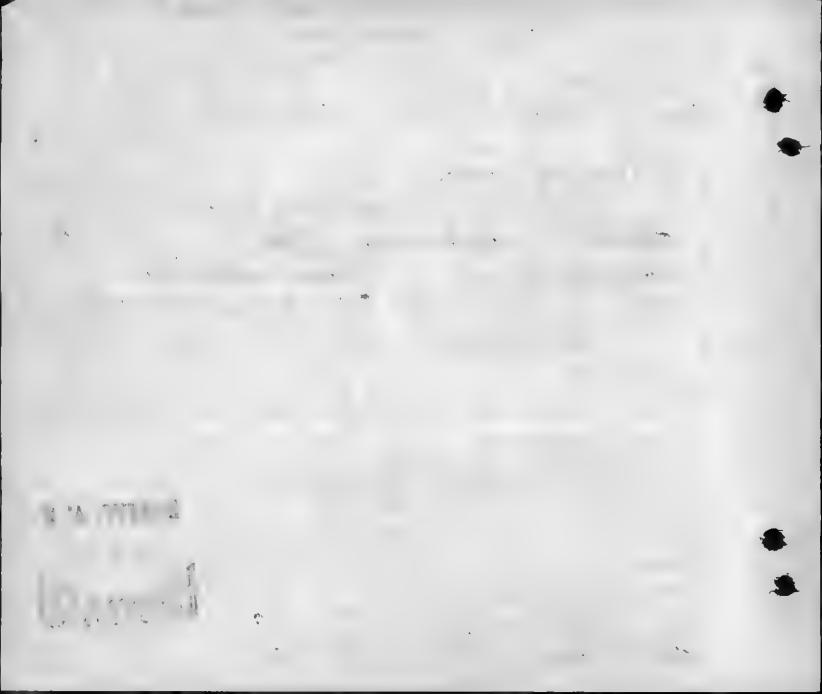
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requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) **b** COUNTY Carrell c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? 69 Pennsylvania Are. YES NO Day Year June 56 19 9. AGE (In years lost birthday)
59 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Chestertown. Maryland USA Deborbh Lambert Address Westminster, Md. INTERVAL BETWEEN WAS AUTOPSY PERFORMED? YES NO T (County) (State)

> I'O M, from the causes and an the date stated above, ADDRESS (Street, city or tough, stote)

DATE SIGNED

Westminster. Md (Stote)

Baltimore, Maryland

Westminster, Marylandam

245. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

physician

ending

NUL .

1				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 11	3 (	16025
wc				6938 CERTIFICATE OF DEATH	Reg. Dist. N	10. 75
oge rectar	,		1. F	PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. It institution as STATE MONCH NAME b. COUNTY).	n. Residence br	efore admission)
h. d.	3 10 10	) [		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RU	ARRO	722
deol deol	.\_	⟨		RURAL and give nearest town) RUDAL, MIESTMINSTER PENGLINOWN WESTMINGTER	KAL and give i	regress towns
shoot shoot			1	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  OR INSTITUTION		e. IS RESIDENCE ON A FARM?
200	> ′	<u> </u>	_/	WESTERN MARYLAND COLLEGE GOLFCOORSE 37 W. GREEN.	ST.	YES NO 2
24 24				NAME OF DECEASED First Middle Last 4. DATE Month OF THE OF THE JUN STARR GFHR JUN	-	Day Year
	•	<u>_</u>	_		- 4	AR IF UNDER 24 HRS.
d Ki				SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthday)  10. DIVORCED  10. DIVORCED	Months Day	rs Hours Min.
control	<u> </u>	¥	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
and one	- de	7	5	STORE OHNER AND MAR HARDWARE NESTMINSTER	1405	19
d di Gi	offe		1	DENTAN SMITH C.EHD MAPU ODA STOOD	,	
iffica hysic nove	STOOL			WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  sh. no. or unknown) (If yes, give wor or dofts of service)	55	-
ng p	72	7	1140	es. no. or unknown) (If yes, give war or dates of service) 214-34-473MRS EDWIN S. CEHR WE	STANI	NSTERNA
death tendi	į			18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c),	110	NTERVAL BETWEEN
the of the n	ž E			PART I. DEATH WAS CAUSED BY: CLEEKE Droubse, Throneboxes		Suntes
that by # it. Ti	× 6×			Conditions, if ony, which) by Frundinga aftered Access	is	15 400 pm
uires gned perm	. <u>.</u>			gave rise to immediate Cause (a), stating the under	a.	
red tion. en si msit	puo		z	lying cause lost. (c) Ved Seedbardly on Willie Toy	WILIP	2-
physic physic ps be al-tro	aval,	1	ATIO	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO A
ing properties	Ten m		RTIFIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		10000
CIAN Itend Iffica	٩.		-41			
IVSE or or Se or	of io		MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(Count	ty) (State)
te tight of the transfer of th	Crem		¥		-	wol the
hosp hed	<u>.</u>	- 1		1 " "-10" " (2" )	A	saw the deceased
E S	o pr	5		alive on ADDRESS (Street, city or town, st		date stated above.  / DATE SIGNED
RECT be d	5			SIGNATURE Phielies Dan M.D. Willieester Nory	and	6/7/56
octili in	jo Jo	-		PHYSICIAN'S S. LUTHER BARE- DEPUTY MEDICAL	Fix	22/1/80
SPIT Ser	egist r	ŀ	220	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Iown, or	C X1	(Stote)
may Page	2 al			RUDIAL JUNE 9, 1056 HIESTMINSTER CEN, WESTMIN	YSTER	? MT
5 5 -	= 13H	1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGIST	RAR'S SIGNAT	TURE
VS A1S (4) 15M 9/5S	¥	Į	_	4.5. Maylo it; Westermasla Mil DATE 8. 8.56 H	current	. Jalley

K			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1			6939 CERTIFICATE OF DEATH  Reg. Dist. No.
Page,		1.	PLACE OF DEATH  a. COUNTY  CARROLL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  a. STATE  B. COUNTY
	?		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  UNION BRIDGE RURAL 3 MONTHS  RALT IMOR F
2 short	11	4	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  a. IS RESIDENCE ON A FARM?  YES \( NO IN OP IN OR IN
illed in		3.	NAME OF DECEASED (Type or print) GLADYS MAY GREEN 4. DATE Month Day Year DEATH JUNE 22 1956
d within letely fi		5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9 AGE (in years lost birthday)  WIDOWED DIVORCED NOV 8 - 1896  9 AGE (in years lost birthday)  Months Days Hours Min
executer of camp of paper death.	1	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  ### COUNTRY:  #### AND SEWIFE    12 CITIZEN OF WHAT COUNTRY:  ###################################
ofe be ician an e carba g after		13.	FATHER'S NAME  JOSHUA GREEN  14. MOTHER'S MAIDEN NAME  KATIE DORSEY
ng physicic remave c	1	15,	WAS DECEASED EVER IN U. S. ARMED FORCES? JUDY SOCIAL SEQUENTION OF J. INFORMANT  Address  Address  Address  ACTION OF MINISTRACE  AC
attending			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONE of AND DEATH  FINAL BETWEEN  FINAL BETWEEN  ONE OF AND DEATH  FINAL BETWEEN  FINAL BETWEEN  FINAL BETWEEN  ONE OF AND DEATH  FINAL BETWEEN  FIN
that the by the it. The ty event			SSIX DUE TO
equires in. signed ii perm nd in or			gave rise to immediate couse (o), stating the <u>under:</u> lying cause lost.  (b)  DUE TO
physicic physicic os been ial-trans	,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
ending ficale h the bur or rem		CERTIFIC	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part III of item 18.)
PHTSIC al or att his certi use as emation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, y, while Not while of work at work a
baspile After 1 fed for rrial, cr			21. I certify that I attended the deceased from Africa, 1955, to 6 - 2 2, 1956, that I lost saw the deceased olive on 6-22-, 1956, and that death occurred at M, from the causes and on the date stated above.
By the port to by	f		ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ADDRESS (Stolet, city or town, stole)  DATE SIGNED  (-21-1)
hould tror pri	r		PHYSICIAN'S HIEROS GMD
HOSFI noy be FUNER toge 3 to he regis		22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify)  JUNE 26-1956 MT JOY  UNIONTOWN MD
VS A15 (4) 15M 9/55	134	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  ADDRESS  A
13m 7/33	L'	E	De la company o : that a la company o : that



VS A1S (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	06
0.149	CERTIFICATE OF DEATH	Reg. Dis	

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6.1	v	U	¥	•

1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESID	ence (Where decease	d lived If institution b. COUNTY	n: Residence before	e admission)
RURAL and give near	outside corporate limits, write est town) Minster	c. LENGTH OF STAY IN 16	c. CITY OR TO	own (If oulside corpo stminster		JRAL ond give near	est tawn)
	(If not in hospital, give street		d. STREET AD				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES	Middle W •	lost FRIMES	4. DATE OF DEATH	Moni JUNE	/	Year 1956
1		RIED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR Months Doys	
retired		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (Stote or foreign o		12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	eorge W. Gi	rimes	Luc:		lison		
15. WAS DECEASED EVER I	N U. S ARMED FORCES? 16.		nformant iss Est)	ner Grime	Address S	ame	
Conditions, if any gave rise to imm cause (o), stoling the lying cause lost.	a under (c)  R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	lover	ー・ノナイ	amity	ONSE	WAS AUTOPSY PERFORMED?
20c TIME OF INJURY Heur o. m. p. m.	Manth, Day, Year 20d. I While at war	Not while fo	ACE OF INJURY (H ctory, street, affice	ome, farm, 20f. (City bldg., etc.)	or tawn)	(County)	(State)
21. I certify that olive on	Julius Chay	ond from a / 17  Lead from a / 17  Lead from and thot deother  CHEPKO	, 1956 occurred at.,		n the causes or treel, city or lown, s	nd on the date	w the deceased e stoted obove. DATE SIGNED
220 BURIAL CREMATION, PENOVAL (Specify) BURIAL	6-27-1956	22c. NAME OF CEMETERY & Bethesda		Car	TION (City, town, or	, Maryl	
23 FUNERAT DIRECTOR'S	a profession	field, Maryl		24a. REC'D BY REGIS DATE & 26-	18AR 246. REGIS	TRAR'S SIGNATURE	Miller



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VS A15 (4) 1SM 9/55

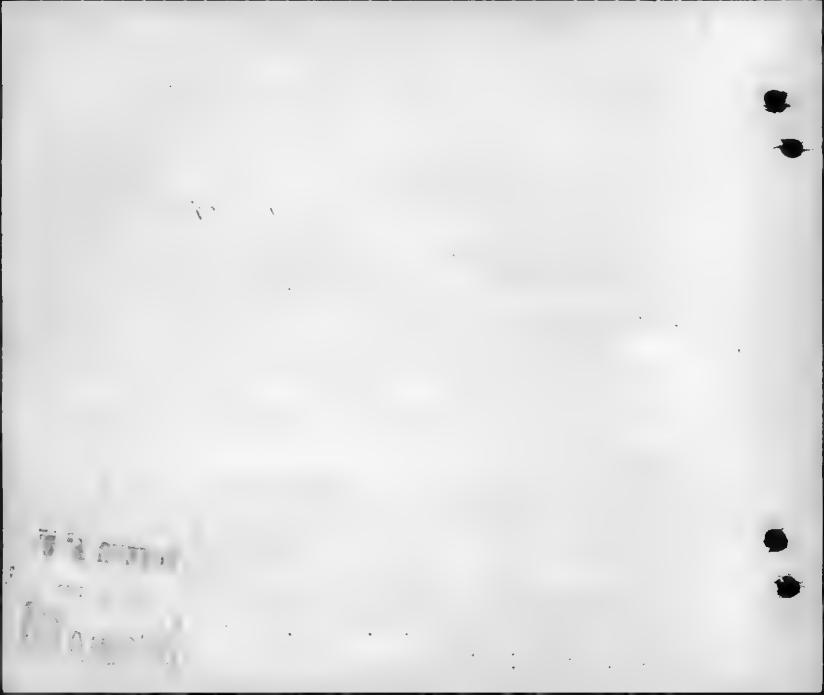
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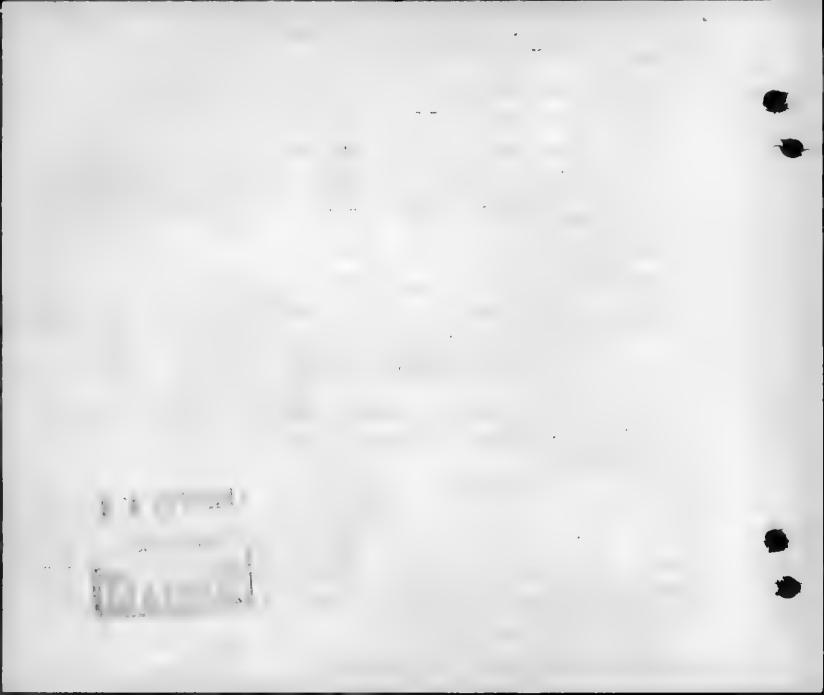
1				_		STATE DEPARTA	MENT OF HE	ALTH-BAI	TIMORE, 1	8 0.6	031	
4 5.5		L		. 604	3	CERTIFIC	ATE OF DE	EATH		Reg. Dist. N	1-7	2
Page director Led wit	M )	7.	PLACE OF DEATH	rroll		MARYLAND	II o. SIAUE,	NCE (Where decess)	ed lived. If institution b. COUNTY	Carroll		3n}
eg P	$\mathbb{T}_{\times}$	Ι.	b. CITY OR TOWN RURAL ond give	(If autside carporate limi nearest town) ney town	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp L. Taney to				
d 2 show	)		A NAME OF HOSE	TAL (If not in hospital, gown, Md. R.	ive street or		d. STREET ADD			-	e. IS RESI ON A YES	DENCE FARM? NO []
Hed in	(	3.	NAME OF DECEASED (Type or print)	Fin Herb	·	Middle Nelson	Koontz	4. DATE OF DEATH	Mon 6/28		-,	eor
etety fi			Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	30	9. AGE (In years lost birthdoy) 70 yrs.	Months Doys	AR IF UNDE	
executed and camping papers of death.	_ \/	100	USUAL OCCUPAT during most of we FRIMINE	rking lite, even it retired)	lane 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC		country)	12. CHIZEN	OF WHAT	COUNTRY?
te be exion and carban	1)	13.	FATHER'S NAME Henry Ko	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			14. MOTHER'S M	_				
certificate to physician remove car	- 0	15. (Ye		FR IN U. S. ARMED FOR	rvice)		INFORMANT //		V		ı, Md.	
is not the death of by the attendit mit. Then please any event within			PART I. DE			Cereb	Pol	lew ero.	orlo	8 IN	TERVAL BET AND SET AND	WEEN DEATH
raw require rsician. been signe fransit peri	4	NOI	gove rise to couse (a), stating tying couse lost PART II. O	the under DUE TO		ONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19. WAS A	UTOPSY
IAN: the ending phy fillate has the burial-	,	CERTIFICAT	200. ACCIDENT WOR CONTRIBUTION	AS UNDERLYING TO CAUSE OF DEATH AMEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCURR	ED. (Enter nature of in	njury in Part I or Pa	rt II of item 18.)		YES 🗍	
PHYSIC of or off this certi r use as		MEDICAL	20c. TIME OF INJU Haur a. ju. p. m.		While	Not while of work	LACE OF INJURY (Hosciory, street, office bi	me, farm. 20f. (Cit Idg., etc.)	y or tawn)	(Count	у)	(Stote)
hospiter After ed fo			21. I certify talive on	that I attended the	deceased, 12,57	d from $G - Z$		to 6 <sup>-</sup> p2 « 4:30 м, fro	m the causes a	nd on the d		
ed by a	, ir		ACTUAL SIGNATURE	2.11	Le	94	M.D.	Lewel	Brue	tge n	ad 6	TE SIGNED -29-50
ER S should		200	PHYSICIAN'S NAME (Type)	T. N. L	EG		ldx,	IONE	BRIDG	n = 1	n D	)
may b Poge the rea		L	BURIAL, CREMATI REMOVAL (Specific Puri a) FUNERAL DIRECTO	7/1/56		Baust Church	n Cemetery		Taneytown	, Carro		
VS A15 (4) 15M 9/55	Rail +		Kicha	rd A Litt	tle	Littlestown,		ATT TENE 31	136 9	hel M	Mel	ring

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.6032	)
/		CERTIFICATE OF DEATH Reg. Dist. No. 74	6
Ovil	M )	D. PLACE OF DEATH o. COUNTY  Carroll  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission o. STATE b. COUNTY  Maryland  Maryland  Baltimore	)
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
the f	<i></i>	Syke sville   since 5-25-28   Baltimore 28 Md.  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION   d. STREET ADDRESS   o. IS RESIDE	NCE RM?
B. 2		Springfield State Hospital South Rolling Road YES   YES	
l an		3. NAME OF DECEASED First Middle Last 5. DATE Month Day Year	
ely fille Pages		(Type or print) Adelaide Elizabeth Leitzer DEATH 6 9 19  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF SIRTH   9. AGE (In years   IF UNDER ) YEAR IF UNDER	56
		lost birthday) Months Doys Hours	Min,
camplete papers. F		F WIDOWED DIVORCED 17-21-03 52 yrs.   12 CITIZEN OF WHAT CO	OLINITOVS
		during most of working life, even if retired)	PUNIKII
ond bon		clerk Banking Maryland U.S.A.  3. FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
carbo after			
physici remove 2 haurs		Joseph Leitzer. Mary Kassakatia s, was deceased ever in u. s. armed Forces? 16, social security NO. 17. INFORMANT Address as above	
	3	If yet, gre wor or dote of service)  None Hogensteal responde to Mrs. Logensh backturen backture	her
ending Hease ra Ithin 72		18. CAUSE OF DEATH (Frier only one couse per line for (o), (b), and (c).)	/EFNI
¥ Per		PART I. DEATH WAS CAUSED BY: Metastatic carcinoma of lungs months	EATH
he (		A X DUE TO	n bri
الم تا و		Complete of annual control of	8 n
gned b permit. in any		gove rise to immediate	υρ.
1.1-		lying cause last.	
ng physician. e has been si burial-transit remaval, and		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU	TOPSY
oyo o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM  Schizophrenic reaction.hebephrenic type  YES   T	
icate h	1200	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
or officertills		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour e. m. While Not while of work o	(Stote)
ital or or crem			
osp ffer iol,		21. I certify that I attended the deceased from 8 22	
buri		olive on 6.9.56, 19, ond that death occurred at 25 p.M. from the couses and on the date stated	obove.
2 P P P		LATTING THE STATE OF	ESIGNED
d be	/	SIGNATURE CA DULL SYKOSYITTO, M.D. SYKOSYITTO,	<u>-56</u>
JNER J JNER J JNER J JNER J JNER J Fegistrar p		PHYSICIAN'S NAME (Type) Edmund Liisthaus Springfield State Homital	
T. S. o. c.		220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
Poge the re		Burial June 12,1956, Loudon Park Cemetery Beltimore Md.	
VS A15 (4)	12	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lactor Sona Catonsville 28. Md. DATE 6/12/56 P. Atexas 76/10	1
1SM 9/55	, 1	100 100 100 100 100 100 100 100 100 100	<u></u>

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Ed/			o. COUNTY	mmall				2. USUAL RESID				Carr		missionj
2.	120	-		RTTOLL  outliede corporate filmits, write !	DUDAN	c. LENGTH OF STAY			laryl	despera	rate limits, write			Am3
	V		and give nearest lown)		20206	- M		_				KOKVE GUG	Brae Liegrezi	iown)
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rior					1101 111 1103	mar, give sirear sources	"		falo	R	۹ .		{ C	N A FARM?
registrar pr		3.	NAME OF	First		Middle		Lost			Mohi	<u> </u>		
3187			DECEASED (Type or print)	GERTRIII		E.	т туп	DSAY		OF DEATH	6		Doy	19 56
<u>ē</u>		_	SEX	6. COLOR OR RACE	W 10-1						AGE (In years	IFUNDER 1	-	NDER 24 HRS.
ŧ			Pamala.		WIDOWED	_		7-26-1	\$75		lest birthdoy) 80 yrs.	-	ays Hour	Min.
¥.	1	100	Temale  USUAL OCCUPATION	White N (Give kind of work do life, even if retired)			_			fareign cou		12. CITIZ	EN OF WH	AT COUNTRY?
7 P	( 7 /					om home		Me	arvla				U.S.	
P O	1	13.	HOUSEWI FATHER'S NAME	T.B.	1 '	OBIL HOME	1	14. MOTHER'S M	- V					
20				Samuel	Fo:	rney			nes		tian			
bod				R IN U. S. ARMED FOR		OCIAL SECURITY NO.	120,000	SHIDH			Address			
뜶	C	7 17*	no, er unknown) (	N yes, give war at dates of se		none	Mr	s. Ella	a M.	DILL	er :	Mt. A	iry,M	D.
4		-		H Enter anly one couse								-	INTERVAL BET	TWEEN
permi			PART I. DEATH	WAS CAUSED BY	0	please S	el.	ectic.	C 1	) de	searo	,	ONSET AND	DEATH
_			122.1	DUE TO			معمد			8,0-				
-transit			Conditions, if any	r, which) (b)									"	
burial			gave rise to immedia (a), stating the ur											
2 D			couse lost.	(c)									<u> </u>	
ő	0	NO	PART II. OTHE	R SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH	H BUT NO	T RELATED TO TH	HE TERMINA	AL DISEASE (	ONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
sed	C.	FICATION											YES [	
Se L		CERT.F	20g. EXTERNAL CAUS PRIMARY   or CONT CAUSE OF DEATH.	RIBUTING   20b.	DESCRIBE	HOW INJURY OCCUR	RRED, (Ent	er nature of inju	ry in Port I	ar Part II of	item 18.)			
Pno			20c. TIME OF INJURY		204 0	JURY OCCURRED 2	Da 91465	OF INJURY (Ho	farm	206 (51)	. 40	(Covn	- A-A	(State)
S S S		MEDICAL	Heur o. m. p. m.	19	While	k at work	factor	y, street, office b	ldg., etc.)	zor. (City o	i iowny	(Com	1171	fairnel
Pag			21. I certify the	at I took charge	of the re	emains described	d abov	e, held an A	Autopsy	, Ins	pection 🔀	, Inquiry	M, an	d find that
Ë			death respites t	from: Natural c	ayses 5	, Accident [],	Svici	de 🔲, Ho	micide [	, Und	letermined	cause 🔲.		
J.			[ [ [	19	12	1/								
DIR	1		SIGNATURE THE	culy V. 1	VIA	ルハ		M.D. CHIEF MEI	DICAL EXAM	AINER 🗌			DAT	E SIGNED
A P	2		BRAMINER'S	-				ASSISTANT	T MEDICAL	EXAMINER			Cal	1 de
FUNERAL			HAME (Type) J.	AMES T.	MARS	H		DEPUTY M	EDICAL EX	WINE			7	0/16
ָ מַנְיּיִם מַנְיִים	5	220	REMOVAL (Specify)	6-17-19		22c. NAME OF CEMETE		KEWATORY-			on (Gily, lown,		MD (\$	lofe)
j) va		23.	BURLAL FUNERAL DIRECTOR'S		770	Prospec	00	12	4a. REC'D E			STRAR'S SIGN		
ME(5)	her		Cmh	alta	Win	field, Ma	arvl	500	DATE 6	18.	56 6.	mi	777	170
/55	War.		111	0				1 '	7.11	I D			-07	
	St. W												00 17	-a.l.y



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18 . S.E				604	ry	CERTI	FIC/	ATE OF E	DEATH	4		Reg. Dist.	1/ 1		4
director, filed with	1	0	LACE OF DEATH		•	MARY	(LAND	2 USUAL RESI o. STATE	DENCE (WI	nere deceased	lived. If institution b. COUNTY	on: Residence	before	admissi	lon}
in the second se	1	ь	CITY OR TOWN THE	outside corporate limit	s, write	c. LENGTH OF STAY			TOWN (IF		Alle rote limits, write R	PANY URAL ond give	e near	est town	}
death	$\leq$		RURAL ond give ne	177a		since 3-1-	19		rland						
sho sho		d	OR INSTITUTION	L (If not in hospital, gi	ve street o	ddress)		d. STREET A					6	IS RESI	DENCE FARM?
P S				1 State Hosp					30x 71						NO 🗌
filled i	- 1	D	IAME OF ECEASED Type or print)	Fin	it	Middle		los Non amor	ıt	4. DATE OF DEATH	Mon	th	Doy		rear
thin 2	ŀ	5. 5		Thirza 6. COLOR OR RACE	7. MARRI	ED T NEVER MARRI		Maury 8. Date of Birt	Н	DEATH	9 AGE [In years lost birthday]	IF UNDER 1	16 YEAR		1956 R 24 HRS
pletely rrs. Por			F		WIDOWE			3-16-7	7		lost birthdoy) 79 yrs.	Months D	ays	Hours	Min.
A comple popers.	1	10a	USUAL OCCUPATIO	N (Give kind of work d	lone 10b. I	IND OF BUSINESS	R INDU	TRY 1). BIRTHPL	ACE (State	or foreign co	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
Z Z Z Z	1	12.0	houses	rife		Home			)hio			US	SA_		
TO 5 2 2		13. F						14. MOTHER'S	_	NAME					
g physicial remove ca 72 hours of		IS. V	Jacob Fro	IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO	). 17, I	NFORMANT	Lepp		Addi	ess			
	1	[Yes,	no, or unknown] [1	yes, give wor or dates of se	rvice)	unk		onsital	Recor	`ds					
deoth ttendin please within	F	T	18. CAUSE OF DEAT	H (Enter only one cos	use per lin	e for {0}, {b}, and {c}							INTER	RVAL BET	WEEN
he de att			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Myo	cardial In	farc	tion					h	TAND	DEATH
that the aby the air. Then y event			40011	DUE TO	A k										
res t srmit			Conditions, if on	mediate ( Dur a	Arte.	riosclerot	JE C	ardiovas	cular	dlsea	15e		у	EE III	
sign and in the sign and in th			lying couse lost.	he <u>under</u> fc)											
ow r rsicio been front al, o	,	Z O	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	(o) 19	. WAS A	UTOPSY
The I phy has rial- mave		FICATION		precox, he									L		NO 🔙
IAN: ending ficate the bu			20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	UNDERLYING [] CAUSE OF DEATH AEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	). (Enter nature o	finjory in i	Port I or Port	II of item 18.)				
r oth certil		MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	r 20d. IN While	JURY OCCURRED	20e. PL	CE OF INJURY I	Home, farm	20f. (City	or town)	{Co	unly)		(Slote)
this this or us		WE	p. m.	19		Not while of work				<u>'</u> ]					
After Fed for Sold (1975)	-			it I offended the											
bur bur	-		alive on Juni	16,	12	ond that	death	occurred at			the causes o		date		d above
R AT RECT			ACTUAL SIGNATURE	runned	I	ustka	u	un Spri			ate Hospi				17 <b>–</b> 56
ďσ			PHILICIANS					W.P	*1195.41	24W_Z_Y					-1-29
3 shouldistror			NAME (Type) Ed	und Lustha					svill				n der dille der tile		
HOS FUN POS POS POS POS POS POS POS POS POS POS		220 L	BURIAL, CREMATION REMOVAL (Specify)	4, 22b. DATE THEREO	5%	22c. NAME OF CEM	ETERY O	R'CREMATORY		22d. LOCAT	ION ICTY, Jown /	r county)	2	(Stafe	5
5 5	ľ	23. f	UNERAL DIRECTOR'S	SIGNATURE	1	ADORESS	"110	1.1	240. REC'	D BY REGIST	RAR 24b. RESIS	TRAR'S SIGN	ATURE		1
VS A15 (4) 15M 9/55	4	7	ulker 5	1. Halle	q- !	Jupleso	alle	md.	DATE 4	119/	56 C.	THEL	ry	u	per



VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John R. Byers Westminster, Md. 24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(County)

Carroll

Day

Dans

e. IS RESIDENCE ON A FARM?

YES NO IN

Year

IF UNDER 24 HRS.

Hours

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stote)

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Maryland

DATE SIGNED

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ofter death. Page

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	. 61	148	CERTI	FICA	TE OF DEATH	Н		Re	eg. Dist. N	lo.	01
1. PLACE OF DE. b. COUNTY	Carroll		MARY	LAND	2. USUAL RESIDENCE (WI		d lived. If ins b. COU		Residence be	fore adm	ission)
b. CITY OR TO	OWN (If outside corporate limi	ls, write	c. LENGTH OF STAY	IN tb	c. CITY OR TOWN (IF I	outside corpo	orote limits, w	ite RURA	L ond give r	rearest to	wn)
NO RAE ONG	Henryton		487 days		Balti	imore			•	V	
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, o	ive street c			d. STREET ADDRESS					e. IS R	ESIDENCE
OR INSTITU	Henryton	State	Hospital		1032	W. Fa	yette !	Stree	et		A FARM?
3. NAME OF	Fil		Middle		Lost	4. DATE	4/	Month		Day	Year
Type or print	St	anlev			McGee	OF DEATH		June		25	19 56
5. SEX			ED NEVER MARRIE	ρПΙ	B. DATE OF BIRTH		9. AGE (In y		UNDER 1 YE		
Male	Negro	WIDOWE	_		May 4. 1907		lost birthd	yrs. Mo	onths Doy:	Hour	Min.
	UPATION (Give kind of work of working life, even if retired					or foreign o	I. 4/		12. CITIZEN	OF WH	AT COUNTRY
during most	of working life, even if retired Laborer	Mat	Dry Dock		Virgini		,,			S.	
13. FATHER'S NA		IPIQ	DIY DOCK		14. MOTHER'S MAIDEN I				U e	0.	A.
	Junius Mc	30=									
IS WAS DECEAS	ED EVER IN U. 5. ARMED FOR		COCIAL SECURITY NO	17 M	Unknow FORMANT	ALI		Address			
Yes, no or unknown		arvicel	1.7-09-7688	'   ''· <b>''</b>		f=0	1010			. C.L.	
					Elizabeth M	10000	- 1032	W. I			
	DEATH WAS CAUSED BY.					_		_	01	NSET AN	BETWEEN ID DEATH
100	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	rar :	advanced b	ilat	eral cavitary	r pulm	onary '	'B			
	DUE TO	•									
	s, if ony, which ) (b	1									
	to immediate DUE TO										
lying couse		<del></del>									
PART  20s. ACCIDE OR CONTRIE OF EITHER, N	II. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	<u>kth</u> BUT I	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION	I GIVEN I	IN PART 1(o)	PERF	S AUTOPSY FORMED?
20a. ACCIDE OR CONTRIB	NT WAS UNDERLYING  UTING CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED	. (Enter nature of injury in	Port I or Pa	rt II of item 18	.)			
	INJURY Month, Day, Ye	or 20d th	LIURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	n 20£. (Ci)	y or lawn)	<del></del>	(Count	hul.	(State)
20c. TIME OF		White of work	Not while		tory, street, office bldg., etc		y or lowny		(Coone	71	(2:0:6)
21. I certi	ify that I attended the	decease	d from Februs	ary_	24, 19 55, 10 1	une 2	5 19	56, it	nat I last	saw th	e deceased
alive an_	June 25	1950	and that	death	accurred at 10:30	DAM, frai	m the caus	es and	an the a	late sta	ited ahave
		/					itreet, city or I				DATE SIGNED
ACTUAL SIGNATURE	7.	T-VI	Mal	/	w.b. Her	ryton	Mary	land		6	<b>-25-5</b> 6
PHYSICIAN'S NAME (Type	Tom. F. Ve.				Henryton	State	Hospit	al.	Henry	ton,	Md
220. BURIAL, CRE	MATION, 22b. DATE THEREO	)F	22c NAME OF CEME	TERY OF	CREMATORY	22d. 19CA	TION ICH! 10	wn, or co	ounty)	ter	pte)
Low	W 16/00	156	Mille	Wa	un.	(OR	Epri	nac	e	1	nd
23. FUNEMA DI	ESTOR'S STORMATURE /	0	ADDRESS	. 1		D BY REGIS	TRAR 24b.	REGISTRA	R'S SIGNAT	LIRE	
1	ansten!	110	can 6/d	(1)	Barrelous		11/	L	n L		11

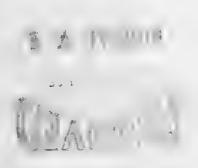
TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/55

O HOSPITALOR ATTENDING FILTSICIAN: The low requires that the death certificate be executed within 24 has officed may be received by the baspital or attending physician.

O FUNERAL MEET the this certificate has been signed by the attending physician and campletely filled to page 3 shauld be done to far use as the barial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaulthe registrar prior to burial, crematian, ar remaval, and in any event within 72 hour affect death.



1			MARYL	AND STA	ATE DEPARTA	MENT OF	HEALTH	I-BALT	IMORE, 1	8	nen	3.0
	ı		En15	9,Film	CERTIFIC	ATE OF	DEATH	1		Reg. Dist. I	0603	38
director, ted-with	1	PLACE OF DEATH	rroll		MARYLAND				ived. If institution b. COUNTY	on: Residence b	efore odmis	Lion)
		b CITY OR TOWN (I	f outside corporate limit arest town)	s, write c. LE	ENGTH OF STAY IN 16	c. CITY OR	TOWN (If c	outside corporo	te limits, write R	URAL and give	nearest tow	n)
27	<u> </u>	Westmin	ster	3 4	10 yrs		Westmi	nster				-
and 2 sh		OR INSTITUTION	Al (If not in hospital, g	ive street addres	ss)	d. STREET	ADDRESS				ON A	SIDENCE A FARM? ] NO M
completely filled in papers. Pages 1 ar oth.	3	OECEASED (Type or print)	Mrs. Iola	t	Middle	Murp	h <b>y</b>	4. DATE OF DEATH	Jun	10	Day 1	Yeor 19 56
Par	5.	SEX F	6. COLOR OR RACE	7. MARRIED WIDOWED 1	NEVER MARRIED	B. DATE OF SIR		9.	AGE (In years lost berinday)	Months Day		ER 24 HRS Min.
complet papers.	, 10	o. USUAL OCCUPATION	DN (Give kind of work of	one 10h, KIND	OF BUSINESS OR INDI		4		7 7 7	12. CITIZEN	OF WHAT	COUNTRY
	1	housew	ing life, even if retired) OPK		lf		Md					
on o corbc ofter	13	. FATHER'S NAME	m. 11.			14. MOTHER						
g physicion and remave corbon 2 hours ofter de	1:	George WAS DECEASED EVE	L'OWDLE R IN U. S. ARMED FOR	ES? 16. SOCIA	AL SECURITY NO. 117.	INFORMANT	Unknow	m	Addi	2201		
ng ph rem 72 h	6 I O	(es, no. or unknown)	(If yes, give war or dates of se	nice) non		Denton R	av Zen	m	Edgewat			
ned by the attending ermit. Then please in ony effect, within 72		PART I. DEA	ny, which (b)	Se perline for	(o). (b). ond (c). Dieac D dio Va	Lance	are	coli	ase	11	SET AND	TWEEN DEATH
ion.		lying cause fost.	) (c)									
ng physician e hos been burial-transi removal, on	CEPTIFICATIO	Part II. OTH			IBUTING TO DEATH BU					EN IN PART 1(o	PERFO	AUTOPSY DRMED?
tending ifficote the by			S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	100 INJURY OCCURR	ED. (Enter nature	of injury in t	Part I or Port I	l of item 18.)			
al or ol this cert r use as	MEDICAL	20c. TIME OF INJUR Hour a. 51. p. m.	Y Month, Day, Yeo	While I	OCCURRED 20e. P	LACE OF INJURY octory, street, offi	(Home, form ce bldg., etc.	20f. (City o	r town)	(Coun	ly)	(State)
After of the officer	$\perp$	21. I certify th	at Lattended the	deceased fr	om 4-2	<u>/- , 195</u>	6 10 E	-/-	, 19.5.7	that I last	saw the	decease
be d ior to buri		actual signature	e Afon	_, 1256,	, and that deat	h occurred a M.D. ブネイ			the causes a et, city or towel	and on the state)		ed above
De range de la stronge de la s		PHYSICIAN'S 7	v. C. A	love	m 8-	- 10	251	= R	ven.	St-M	dmz	usle
7 Z 0 2	2	20. BURIAL, CREMATIO REMOVAL (Specify)			NAME OF CEMETERY				ON (City, town, o		(Stat	(e)
D Pog	23	burial  FUNERAL DIRECTOR			MeadowBrane ADDRESS	ch	240 REC'	Near D BY REGISTRA	Westmin	ster. TRAR'S SIGNA	Md	
VS A15 (4) 15M 9/55	2	Merwyn	C. Fu	11	Taneytown	,Nd.	DATE /2	-4-16	2,	met (	rulle	~



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

a. 15 RESIDENCE

ON A FARM? YES NO TUNK

19 56

Hours

INTERVAL BETWEEN

2 - 3 days

vears

(Slole)

DATE SIGNED

(Slate)

Marylan

Days

USA

(County)

Carroll

5M 9/55



- 1				MARYLA	ND STATE DEP	ARTM	ENT OF HEALT	H—BALT	IMORE, 1	8		• 48
∕ عدی، ⊷	-			6950	CERT	TIFIC A	TE OF DEAT	Н		Reg. Dist. N	(161)	40
Page 4		1. F	COUNTY Carro	11	MA	RYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY	Residence be		ion)
death.	X		. CITY OR TOWN (I	outside corporate limits. sorest town) yke sville	c. LENGTH OF STA		c. CITY OR TOWN (IF <b>Balti</b> m		ate limits, write R	JRAL and give	nearest lown	)
s after by the 6 d 2 show			OP INSTITUTION	AL (If not in hospitat, give	street oddress) State Hospita	1	d. STREET ADDRESS	Street	;			IDENCE FARM?
in 24 kg filled in 5 ges 1 and			IAME OF ECEASED Type or print)	First Josep	Mide <b>)la</b>	ile	PRALEY	4. DATE OF DEATH	Mont 6	h	20	Yeor 19 56
with Po		5. S	EX Male		MARRIED NEVER MAR	RIED	B. DATE OF BIRTH 4/14/93		P. AGE (In years lost birthday)	IF UNDER 1 YE Months Day	AR IF UND	
executed value on papers.		100	USUAL OCCUPATIO during most of work	N (Give kind of work doning life, even if retired)	10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stoke	or fareign co	יטורא)	12 CITIZEN USA	OF WHAT	COUNTRY?
4 g g g	1	13. (	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME			,	
rtificate t physician smave car haurs afth			Edward	Caley			Eli	zabeth	Bessle			
	1		yes	N U. S. ARMED FORCES types, give wor or dates of service	52 16. SOCIAL SECURITY N		cord, Spring	field S	Addr State Hos		Sykes	ville
attending n please re within 72					per line for (a), (b), and (	c].]				1100	NTERVAL BE	TWEEN
the d he att			PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	eoplasm of	mandi	ble			ĭ	om 5	9
y th			COMP	Cintillo-							_	
quires It gned by permit in any			Conditions, if or gove rise to in	nmediote (	uberum losis	of th	e lung				3 yea	rs +
ion. ion. sn sign nsit pe			tying couse fost.	he under (c)								
3 · 5 9 6 ·		NO.	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	19. WAS	AUTOPSY PRMED?
The land physical lands burial-tremova		ICAT					alcoholism,			chosis		ио [[]
IAN: 1 tending fficale the bu				MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED	. (Enter noture of injury in	Part 1 or Port	It of item 18.)			
PHYSIC of or at his mert use as		MEDICA	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Nat while at work of work	20e. PLA fact	CE OF INJURY (Home, for) lory, street, office bldg., et	n, 20f. (City	or town)	(Coun	ly)	(Stote)
haspilk After the ded for			21. I certify the	at I attended the de	eceased fram 10/5	2	, 19 <b>5</b> 2 , ta_6 accurred at 12:55	20 A DST		that I last		
THE PARTY OF THE P			9,	′	1-1	or dealir		ADDRESS (Str	el, city or town, s	tole)		ATE SIGNED
OR Ped b	4.0		ACTUAL SIGNATURE	neund =	Juothan	~ ~	A.D. Syke	sville,	Marylan	d	6/	21/56
OSPITAL V be r INER C le 3 shoul registrar			PHYSICIAN'S NAME (Type) Ed	mund Lustkau	as. M. D.							
HOSF oy be FUNE		17	BURIAL, CREMATION REMOVAL (Specify)	N. 22b, DATE THEREOF	22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCATI	ON (City, town, o	r county)	(Style	1)
2 2	4.	23	UNERAL DIRECTOR	SSIGNATURE	ADDRESS		245. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNAT	TURE	
VS A15 (4) 15M 9/55	132 -	X,	Min A	& aller,	1 toux	110	3/8 her pare 6	-22.5	6 (.)	Harry	Weer	/
	* 6	/	O				7					EN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06042	
W 3.5		6952 CERTIFICATE OF DEATH  Reg. Dist. No. 8/	
oge ector		1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY	ŧ
7 2	-	Carrell ck Maryland Maryland Frederick	
is and the second	χ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	
e 'e doug	^	Union Bridge 3 wks Woodsboro, Md.  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS	-
22 5 15 15	4	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  Alexander Nursing Home  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \no \sum \)	
in o		3. NAME OF First Middle Last 4. DATE Month Day Years	
n 24 Filled jes 1		(Type or print)  Minnie  E. Renner  Death  June. 5. 1956	
Pag P		5 SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	
plet ers.		Wale/ White Widowed X Divorced March 25, 1875 81 yrs.	
com Com Gh.		10a. USUAL OCCUPATION (Give kind of work done done done done)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
ond ond r de	1	Housewife Own Home Frederick County USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
offe offe			
ifico hysik nove ours		Abraham Long    Amanda Menges   Address   Addr	-
ng p	1	No None Lamar Barrick Woodsboro Md.	
eoth Peose thin	F	18. CAUSE OF DEATH [Enter only one cause per line for (o). (b), and (o).]  PART I. DEATH WAS CAUSED BY.	-
of the d		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)	2
The The		SS/X DUE TO	
ony and by		Conditions, if any, which (b) (b)	
quin igne igne d in		care (a), stating the under- lying couse lost.	
w reicion			
ng physe hos be hos burial-tr		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2	
# E E E E		20g ACCIDENT WAS INDEPLYING TO 20h DESCRIBE HOW INJURY OCCUPRED (February of Injury in Part Lar Part L	
Hand fice affice the the		.A	
YSIC ceri ceri ceri		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., While Not while at work at work at work at work at work.	•
E Signature Sign		p. m. 19 al work at work	
SING hospi hospi ed fe ial, c		21. I certify that I attended the deceased from	ı
Puri puri		alive on	
1 d G (4 A		ACTUAL ADDRESS (Street, city or Toyno, stold)  PATE SIGNED	4
d be prior		SIGNATURE M.D. A. M.D. A. M.D. M.D. M.D. M.D. M.D	6
2 4 4 5 2 4 5 5 2 4 5 5		PHYSICIAN'S J.H. Messner Union Bridge Md.	
OSPI DNER 1 Se 3	7	22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. IOCATION (CIN. town of County).	
TO HOSP may be TO FUNER page 3 the regis		Burial 6/8/56 Mt.Tabor Cemstery Rocky Ridge Md.	
E E	2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 240. REGISTRAR SIGNATURE	
VS A1S [4] 1SM 9/SS	14	laymonk & Crepp Thurmont, Md. 101 1 Jeslie L. Kepp	
		11	

Tioner.

E Nn.

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4 2.6

of director (iled w

may be a selection the haspital or attending physician.

TO FUNERAL STREET.

If the this certificate has been signed by the attending physician and campletely filled in Sy the page 3 shauld be do not select the burial-transit permit. Then please remove affice appers. Pages 1 and 2 shauther registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

after death. Page OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 l

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06043

Reg. Dist. No.

o. COUNTY					2. USUAL RESIDENCE (N	Where deceas			ce before a	dmission)
Carr	oll		MAR	/LAND		rland	b. COUNTY	Hari	ord	
b. CITY OR TOWN (I RURAL and give no	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corp	orote limits, write (	RAL and	give nearest	town)
	yton		789 day	ns ii	Bel	Air		1	n na	7.4
	AL (If not in hospital, )	give street	oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?
0. 1131101101	Henryton S	tate	Hospital		112 Bond	Street	,			ES NO I
3. NAME OF DECEASED	Fi	rst	Middle	•	Lost	4. DATE	Mai	nth	Day	Year
(Type or print)	Alf	red	Raymor	nd	Richardson	DEATH	Ju	ne	23	19 56
S. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRI	ED 🔲 8	. DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
Male	Negro	WIDOWI	ED DIVORCE	D DI	Feb. 22,188	36	70 yrs.	Months	Days He	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUST	TRY 11 BIRTHPLACE (Sta	te or foreign	country)	12. CIT	IZEN OF W	HAT COUNTRY
Labore		"	Unknown		Havre de	Grace	, Maryla:	nd T	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
James	Richardso	n			Luvenia	Richar	dson			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. IN	FORMANT		Ado	lress .		
No	fit her first was or dates or	idease (a)			Alfred Raymo	ond Ric	hardson			
18. CAUSE OF DEA	ATH [Enter anly one co	ovse per li	ne for (a), (b), and (c)	.]					INTERVA	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY.	Far	Advanced	bilat	eral cavita	er pul	monary TI	3	ONZEL	AND DEATH
lχ	DUÉ TO						and the second second			
Conditions, if a	nv. which )									
gave rise to i	mmediate (	-							1	
catse (a), stating lying couse last.	the under-	-1								
	HER SIGNIFICANT CON	IDITIONS (	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(a) 19. V	VAS AUTOPSY
ATIO		_							P	ERFORMED?
200 ACCIDENT WA	S UNDERLYING []	20b. DES	CRISE HOW INJURY O	CCURRED	. (Enter noture of injury i	in Part I or Pa	rt II of item 18.)			3 HOLL
OR CONTRIBUTING	CAUSE OF DEATH				· (allow Horse or High)		,			
		or   20d II	NJURY OCCURRED	120e. PLA	CE OF INJURY IHome, fo	orm. 20f. (Ci	by as town!		County)	(Stole)
Hour a.m.	19	While	Not while		ory, street, office bldg., a		,, a. 10411,	1	Coonlyj	(aloie)
				3 06	<i>e</i> 1			,		
21. I certify th	at I attended the		ed from April	1 26	, 19 <u>54,</u> 10		19. 2	O,that I	last saw	the decease
alive on Ju	ine 23.	, 1 <u>9.5</u>	and that	death	occurred at 5.45	M, fro	m the causes	and an ti	he date :	stated above
	-	-77	20/10			`	Street, city ar town,	state)		DATE SIGNED
ACTUAL SIGNATURE	/	1. V.	loral.	N	.D. Henryto	on, Md.				
PHYSICIAN'S NAME (Type)	T	. F.	Vestal, M.	D.	Herryto	on, Md.	•			
220. BURIAL, CREMATIC	IN, 226. DATE THERE	DF	22c. NAME OF CEN	ETERY OR	CREMATORY	22d. LOC	TION (City, tawn,	pr county)		(State)
EMOVAL (Specify)	16/26/	56	11 20	am	w	Total	evilde	- The	rec.	mid
22 SUNISPAL DIRECTOR	C CICN (ATLINE		ADDRESS			dit to the medition	TRAD 044 050	CTDARIC CIA	ChiaTuna	

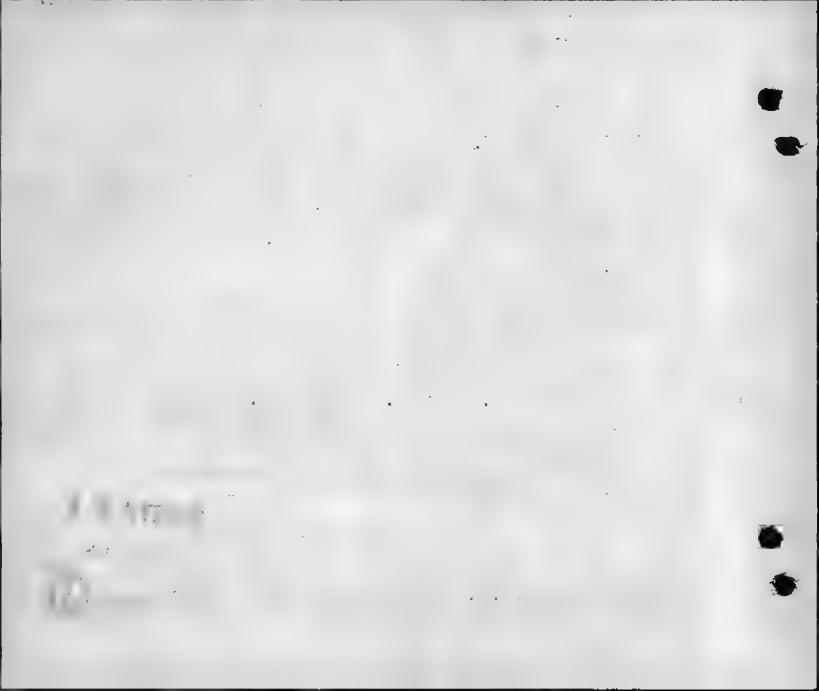
TO HOSPITAL VS A15 (4) 15M 9/SS







MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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signed

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VS ATS (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



.1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTI	IMORE, 18 06048	
- th			6058 CERTIFICATE OF DEATH	Reg. Dist. No. 77	
Poge clor	,	ו	PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased in the county of the county o	lived If institutions Residence before admission) b. COUNTY ALL WALL	
\$ A 7.12	$)_{X}$		b. CITY OR TOWN (If autiside carporate limits, write RUPAL and give nearest favor)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autiside carporate RUPAL)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autiside carporate RUPAL)	te limits, write RURAL and give nearest town)	,
offer by the f	00	_	d. NAME OF HOSP TAY (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  d. STREET ADDRESS	e, IS RESIDEN ON A FAR YES ☐ NO	ICE /
illed in jes 1 and		3.	3. NAME OF DECEASED (Type or print) TOHN - L - SLADE Last 4. DATE OF DEATH	Month Day Year	12
ed within pletely I ers. Pog			M WIDOWED DIVORCED NOV 28-1923	□ 2 yrs.   '	HRS.
and cam bon pape		a	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cour during most of working life, even if retired)  ASSIST TO VICEN. Black & Deek Co.	12. CITIZEN OF WHAT COL	JNTRY
TD = 2.2.2		-	3. FATHER'S NAME Stanley M Slade Euma	Slade	
h certificate ing physicia ie remove co i 72 hours of	2	TS. (Yan	IS. WAS DECEASED EVERTED U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (1748. NO. OF UNKNOWN)  (1748. O) WE WOOD OF CONTROL OF SECURITY NO. 17. INFORMANT  (1749. NO. OF UNKNOWN)  (1749. O) WE WOOD OF CONTROL OF SECURITY NO. 17. INFORMANT  (1749. NO. OF UNKNOWN)  (1749. O) WE WOOD OF CONTROL OF SECURITY NO. 17. INFORMANT  (1749. NO. OF UNKNOWN)  (1749. O) WE WOOD OF CONTROL OF SECURITY NO. 17. INFORMANT  (1749. NO. OF UNKNOWN)	Slade-Hampstea	LM
the death the ottendin Then pleose			18. CAUSE OF DEATH [Enter only one cause per line for {a], {b}, and {c}.]  PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE {a] Hodgicing Disease  DUE TO	INTERVAL BETWE ORSET AND DEA 4 YOUR	ATH
requires that on. signed by the sit permit. T nd in ony ev			Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.  (b)  DUE TO		
he faw physicie hos beer rial-tran novol, o	0	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL D	CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO	D?
tending ificote the bu		L CERTIFI		( af ilem 18 )	
PHYSIC Idl or of this cert r use as remation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While Nat while at work at work at work at work.	ir tawn) (Caunty) (	Stale)
ENDING			21. I certify that I attended the deceased from March 1952, to June 1 alive on June 1 1956, and that death occurred of 7:15 PM, from the second of 1950 PM.	, 19 <u>56</u> , that I last saw the dec	eased above
ook ATTI	/			et, city ar tawn, state) DATE S	SIGNED
Show stror			PHYSICIAN'S M. C. Porterfield, M. D. U Hampstead,	Md.	
noy be of FUNE		1	Bural June 756 Vernon Relu- 1514	ON (City, lown, or county) (State)	
V5 A15 (4) 15M 9/55		26	Steve a liston Face potent MA DATE 12/16	AR 246 REGISTRAR'S SIGNATURE (	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16050)
4		L	• 6060 CERTIFICATE OF DEATH Reg. Dist. No. 80
Page director iled will		1.	PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY  ARYLAND  ARYLAND
death.			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give secrest town) RURAL and Give secrest town (III) RURAL and Give secrest town (III)
offer by the 1 1 2 show	M	4	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS ON A FARM? YES - NO -
24 Illed in		3.	NAME OF DECEASED (Type or print) FANNIF CECELIA STITELY  Middle Lost 4. DATE Month Doy Year OF DEATH Pure 19 1956
l within letely fi s. Page		5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   NEVER MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Never Married   N
xecuted d cample n papers leath.		/ 10	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  (during most of working fife, even if retired)
sian and carbon after de	1	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MADELLO BOALD  16. MOTHER'S MAIDEN NAME
certifica g physic remaye	Ι.	15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANE  If yes, give wor or doller of service)  Address  Address
death thendin please within 7		-	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH
hat the oy the o			585 X IMMEDIATE CAUSE (o) GACCO DE TO
quires 1 igned 1 permit d in any			Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost.  DUE TO
hysician s been s Il-transil val, and	Ų	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
NN: The nding p cate ha ne burio pr rema		CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
HYSICIA ar atter is certifi use as it matian,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ri. 20d. INJURY OCCURRED While Not while
hospital After the sed for rial, cre-			21. I certify that I attended the deceased from $D = 18 - 19.56$ , to $6 - 19 - 19.56$ , that I last saw the deceased
ATTEN by the CT CT a document to bus	4		alive on 6-19-19-19, and that death occurred at 9130 P.M., from the causes and on the date stated above.  ADDRESS (Steet, city or town, state)  DATE SIGNED  ACTUAL
OR PER PRIOR PLANT	,		PHYSICIAN'S THLEGGMD UNION BRIDGE M.D.
may be FUNERAN page 3 shaunthe registror		22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d tOCATION (City, town, or country) (Stole)
5 5	\	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
VS A15 (4) 15M 9/55	1354		1) Some the wanter (my signed of surger of surgers of s

ofter death. Page 4



the registrar within 72 hours in by the funeral director, th

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M~

**S** 

The bottom copy may be retained by the hospital or attending physician.

SICIAN OR

The law requires that the desth certifical be executed within

INSTRUCTIONS

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#6051

### CERTIFICATE OF DEATH 6961

		Reg. Di	st. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	ED
COUNTY CANOLL CO	MARYLAND	STATE MEMBERS COUNTY CAN	all
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give in	earest town)
OR and give neerest town) TOWN ( ) A Control of the	(In this place)	TOWN LAND THE TE	
HOSPITAL OR	surge	STREET (If rural give location	1
INSTITUTION OR MILE AVVILLE ON	Sepert Dans	ADDRESS / 1 1 1 6	··
The property of the party of th	Middle)	(Last) 4. DATE (Month)	10
DECEASED (Type or Print)  ANTT	···········	OF	(Day) (Year)
9////0/	2/	DEATH JUNE	
Famale KACE WIDOWED, DIV	D, 8. DATE	OF BIRTH 9. AGE lest birthdey IF UND	ER 1 YEAR IF UNDER 24 HRS. Days Hours   Min.
We Forthe (Specify)	red Mi	1/6,/895 60 yrs.	
	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
relired finise - boyle		Woodland Main	17.5.0
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
Welldam Walter	22	Hattio (1. Premie	ull
1	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1 Do T PHIL
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Jun. C. Il Frent Com	I COOL IN THE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
1470 V	" Hombres	m stories)	ONSET AND DEATH
OHE TO	- 10-1 COM-05	maighte)	Manue _
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	andina	a Break	11.71
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH,			
198. DATE OF OPERATION 196. MAJOR FINDINGS (	OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING [   21b. PLACE (Homa	, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Co	unty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	flice bldg., etc.)	The state of the s	(2)4107
21d. TIME OF INJURY (Month) [Day) {Year} (Hour) 21e,	INJURY OCCURRED	2H. HOW DID INJURY OCCUR?	
M. et wo			
22. I hereby certify that I attended the decea	sed from 1950	-, 19 to felle 1/ , 1956, that	Llast saw the deceased
alive on Juce 21, 19-76, and	that death occurred	at	
SIGNATURE 6 41		ADDRESS (Street, city, town, state)	DATE SIGNED
steenes I Mural	М. д.	Westernester M	1- 6/4/57
25. BURNAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	DO CREMATORY LOCATION (City, fown, or cour	nly) (State)
REMOVAL ISPECIENT ANNE 9,56	Hureroid	a Kingatoon Sanara	man-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	- WOUNDERSALL	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 5.5-50 Hurriet	miller	4. 2. Mayers, & last	munte med.

after death.

The bottom copy may

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06052

# 6962 CERTIFICATE OF DEATH

			ODUAL RESIDEN	LE (HOME) OF D	ECRASED	
county Carroll	MARY	LAND	STATE Marylan	d COUNTY	Carroll	
CITY (If outside corporate limits, wr OR and give nearest town)	ile RURAL LENGTH C		CITY (If outside corpora	te limits, write RURAL e	end give nearest to	wn)
TOWN Rural Westmi		rs.		Westminste	r	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(if ruref gi	ve location)	
3. NAME OF (First)	(Middle)	(Lesi)		4. DATE (Mo	nth) (Dey	(Year)
(Type or Print) Netti	e M.	Weish	aar	DEATH J	une 14	, 1956
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9.	. AGE lest birthdey	IF UNDER 1 YEA	R IF UNDER 24
Female White	(Specify) Married	May 10, 1	889	67 yrs.	Months Day	Hours A
10a, USUAL OCCUPATION (Give kind of done during most of working life, e retired) Housewife			THPLACE (State or foreign vland	n country)	CO	IZEN OF WHAT
13. FATHER'S NAME	WIII MOMO		MOTHER'S MAIDEN N.	AME		217 0 24 0
Samuel J. Flick			Amanda Pitz			
15. WAS DECEASED EVER IN U. S. ARA (Yes, no, or unk.) (If Yes, give wer or e		CURITY NO.	17. INFORMANT & AL	DRESS		7.0
no	none		Thomas J. W	eishaar We	stminster	r. Marvla
- District on confirmation of process	18. ME	EDICAL CERTIFIC			, 11	STERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO BEATH	A			9	DINSET AND DEAT
IMMEDIATE CAUSE	(A) //////	ilalie Co	ir Cuicous			Monch
ANTECEDENT CAUSE(S)	DUE TO		ann.			1. 1.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	ionia of	portn			z yrr
TO THE SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	NTRIBUTING THE					
190. DATE OF OPERATION 19	b. MAJOR FINDINGS OF OPERATIO	N				20. AUTOPSY?
214 ACCIDENT WAS LINDERLYING D	1 21h DIACE Many form factor	4 21- 1/0	EDE DID INIHIDA O COLID	150		res NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE [Home, ferm, fector of INJURY street, office bldg., et	ic.)	ERE DID INJURY OCCUR	(City or lown)	(County)	(State)
21d. TIME OF INJURY (Month) (Doy)	While N	CURRED 21f. HO	W DID INJURY OCCUR			
22. I hereby certify that I a	ttended the deceased from	rue 1	55 10 fee	114, 1956	that I last	saw the decar
alive on few 10	19.56 and that death	occurred at /O				
SIGNATURE 17	5/2 1		ADDR	ESS (Street, city, tox	vn, stela)	PATE BIGN
AS. BURIAL, CREMATION, DA	TE THEREOF   NAME OF	M. D.	ORY	LOCATION (City, tow	m, or county)	June 14
RIMOVAL (SPECIFY)					1/	12(0)
	ine 16,1956 Baus	t Cemetery	FUNERAL DIRECTOR'S S	Tyrone, M		rce
	J. S. J.	-211 1	FOREKAL DIRECTOR'S S		ADDR	
DATE 6 - 13 56 7	1 meste por	Ist M	swyn 1	use Tane	ytown, M	aryland

DEAD TO BY ADDITION OF DEATH

BY DECKNOON OF SHIP HAND AND THOUGHT AND THAT I WANTED AND

BUREAU V. S.

manya Cotton

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CERTIFICATE OF BEATH

WALLEY.

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